



Name: _____ BirthDate: _____

Parent/Guardians' Names: _____

How did you hear about us: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Emergency Phone: _____

Parent's Email: _____ What side is dominant: R L

Sports: _____

Primary Goals: _____

MEDICAL HISTORY

It is very important to provide us with accurate and complete information about your medical background and current physical condition as the training protocols and procedures recommended will be based on such information.

Are you taking any medications? (Please specify)

Have you ever had difficulty breathing? Y N

Have you ever experienced fainting or dizzy spells? Y N

When was the last time you participated in a workout program?

Are there any other health problems or injuries we should know about?

Member assumes full responsibility and risk for any injury or damage he/she might sustain directly or indirectly from any cause related to a FitLife program or Facility, including but not limited to, the use or condition of the athletic/fitness equipment and facilities. Member also acknowledges and agrees that fitness activities involve risk of injury and even death, and that he/she is voluntarily participating in these activities and the use of equipment and machinery with the knowledge of the dangers involved. Member is not aware of any medical conditions they have that could result in a dangerous occurrence by exercising.

As the parent/legal guardian of _____, I agree to the above paragraph and voluntarily make this release on his/her behalf. X _____

I understand that sessions expire in 1 year and are non-refundable, but are transferable within family members X _____